

BOONE COUNTY HEALTH DEPARTMENT**APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD**

Warning: False application to obtain or inspect, altering, mutilating, or counterfeiting Indiana Birth Certificates, or the use of such a certificate, is a criminal offense under IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (e.g. driver's license, State ID). Please complete all items below as required pursuant to IC 16-37-1-10 (a).			
Full name at birth:			
Name after any legal name change or court order paternity:			
Has this person ever been adopted? If yes, please give name after adoption.			
Place of birth: Home/Hospital	Address:	City:	
Date of birth:	Age last birthday:		
Full name of father (If adopted, give name of adopting father):			State of Birth:
Full maiden name of mother (If adopted, give name of adopting mother):			State of Birth:
Purpose for which record is to be used:			
Work Travel Passport Driver's License ID Other: _____			
Your relationship to the individual on the requested certificate:		Number of copies requested:	
Signature of applicant:			
Mailing address:			
Daytime telephone number:		Today's date:	
Mail this application, check or money order, Payable to BOONE COUNTY HEALTH DEPARTMENT and a copy of your identification to:			
Boone County Health Department - Attention: Vital Records - 116 W. Washington Street - Lebanon IN 46052			
PRINT name and address of person to whom the certified copy is to be mailed <u>if different</u> than stated above .			
Name:			
Address:			
FOR OFFICE USE ONLY			
Date received:	Receipt #:	Verifier's initials:	
Book #:	Page:	Certificate #:	Filed:
Payment Method: Cash: \$ Check: # \$		Money Order: # \$	
ID:	License #	Expires:	
Date of Birth:			
Other ID:			

PHOTO IDENTIFICATION IS REQUIRED IN ACCORDANCE WITH IC 16-37-1-8

